

AUG. 2 2005 11:50AM PERMAN & GREEN, LLP

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NO. 614 P. 2

AUG 02 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(s): Janne Mikael  
Haavisto

SERIAL NO.: 09/750,888 ART UNIT: 2686

FILING DATE: December 28, 2000 EXAMINER: Ngoc Yen T.  
Vu

TITLE: MEASUREMENT OF ILLUMINATION INTENSITY WITH  
LIGHT EMITTING DIODES

ATTORNEY  
DOCKET NO.: 858-010006-US (PAR)

MAIL STOP AF  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO FINAL REJECTION**

**I. INTRODUCTION**

This is in response to the Office Action mailed May 5, 2005 in  
regard to the above-identified patent application.  
Reconsideration of the rejection of the claims is respectfully  
solicited in light of the following amendment and remarks.

Please amend the Application as follows:

*Enter for Rec  
08/05*

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/750, 888

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	13 minus 20=
INDEPENDENT CLAIMS	4 minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	TOTAL ADDITIONAL FEE	
					RATE	FEES
Total	9	Minus	20	9	X\$ 9=	
Independent	7	Minus	3	7	X40=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

10-6-01 Rce

8/2/05

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	TOTAL ADDITIONAL FEE	
					RATE	FEES
Total	9	Minus	20	-	X\$ 9=	
Independent	7	Minus	11	-	X40=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	TOTAL ADDITIONAL FEE	
					RATE	FEES
Total	9	Minus	20	-	X\$ 9=	
Independent	7	Minus	11	-	X40=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	
X40=		OR X\$60=	80. -
+135=		OR +270=	
TOTAL		OR TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	162.00
X40=		OR X\$60=	614.00
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE		ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X40=		OR X\$60=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE		ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X40=		OR X\$60=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

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